



10. How long (**MONTHS**) should a deployment last?

0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6 6  
7 7 7  
8 8 8  
9 9 9

11 How many **TOTAL DAYS** have you been deployed (combat or peacekeeping) in the **past two years**)? 0 0 0

1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6 6  
7 7 7  
8 8 8  
9 9 9

12. How many **MONTHS** have you been assigned to the current unit?

0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6 6  
7 7 7  
8 8 8  
9 9 9

13. How many **MONTHS** has your current unit been deployed to Iraq/Kuwait?

0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6 6  
7 7 7  
8 8 8  
9 9 9

## B. Standards

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

STRONGLY DISAGREE DISAGREE NEITHER AGREE NOR DISAGREE AGREE STRONGLY AGREE

The standards of BH care in this theater/Area of Operations are clear.  
The standards of COSC services in this theater/Area of Operations are clear.  
The standards for clinical documentation in this theater/Area of Operations are clear.  
The standards for records management in this theater/Area of Operations are clear.  
The standards for transfer of clinical BH information between levels of care in this theater/Area of Operations are clear.  
I encountered situations involving medical ethics in Iraq to which I did not know how to respond.

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

## C. Coordination

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

STRONGLY DISAGREE DISAGREE NEITHER AGREE NOR DISAGREE AGREE STRONGLY AGREE

My higher headquarters provides us with the resources required to conduct our BH/COSC mission.  
My higher headquarters encourages us to provide feedback/comments to theater/Area of Operations BH/COSC policies.  
We coordinate/integrate our BH/COSC activities with the Unit Ministry Teams in our Area of Operations.  
We coordinate/integrate our BH/COSC activities with primary care medical personnel in the battalion aid stations/medical companies.

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

## D. Combat and Operational Stress Control and Behavioral Health Services

1. During this deployment, how frequently did you:

	NEVER	ONLY ONCE	ONCE EVERY 2-3 MONTHS	ONCE A MONTH	TWO TO THREE TIMES A MONTH	ONCE A WEEK	SEVERAL TIMES A WEEK
Provide COSC outreach services?	1	2	3	4	5	6	7
Conduct educational classes?	1	2	3	4	5	6	7
Consult with unit leaders?	1	2	3	4	5	6	7
Conduct psychological debriefings (CED/CISD)?	1	2	3	4	5	6	7
Conduct systematic unit needs assessments?	1	2	3	4	5	6	7
Conduct Suicide Prevention Training?	1	2	3	4	5	6	7
Provide one-to-one BH counseling with Soldiers at their worksite?	1	2	3	4	5	6	7
Provide one-to-one COSC services with Soldiers at their worksite?	1	2	3	4	5	6	7
Provide one-to-one BH counseling with Soldiers at the BH/COSC unit location?	1	2	3	4	5	6	7
Provide one-to-one COSC services with Soldiers at BH/COSC unit location?	1	2	3	4	5	6	7

2. How many people are on your BH/COSC team?

0 1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 8 9

2 3 4 5 6 7 8 9

3 4 5 6 7 8 9

4 5 6 7 8 9

5 6 7 8 9

6 7 8 9

7 8 9

8 9

9

3. Approximately how many Soldiers does your team support?

Example: If 200, then

bubble "0200"

0 1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 8 9

2 3 4 5 6 7 8 9

3 4 5 6 7 8 9

4 5 6 7 8 9

5 6 7 8 9

6 7 8 9

7 8 9

8 9

9

4. How many locations (base camps/FOBs) does your BH/COSC team support?

Example: If 20, then

bubble "020"

0 1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 8 9

2 3 4 5 6 7 8 9

3 4 5 6 7 8 9

4 5 6 7 8 9

5 6 7 8 9

6 7 8 9

7 8 9

8 9

9

5. On average, how many hours does it take to travel to the base camps you support (including preparation time)?

Example: If 20, then bubble "020"

0 1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 8 9

2 3 4 5 6 7 8 9

3 4 5 6 7 8 9

4 5 6 7 8 9

5 6 7 8 9

6 7 8 9

7 8 9

8 9

9

## E. Skills and Training

Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

1. I feel confident in my ability to:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Use the COSC Workload and Activity Reporting System (COSC-WARS).	1	2	3	4	5
Help Soldiers adapt to the stressors of combat/deployment.	1	2	3	4	5
Evaluate and manage Soldiers with suicidal thoughts/behaviors.	1	2	3	4	5
Evaluate and treat Soldiers with substance Abuse/Dependence.	1	2	3	4	5
Evaluate and treat Combat and Operational Stress Reaction.	1	2	3	4	5
Evaluate and treat Acute Stress Disorder/PTSD.	1	2	3	4	5
Evaluate and treat victims of sexual assault.	1	2	3	4	5
Perform clinical evaluation and treatment of Iraqi civilians.	1	2	3	4	5
Perform clinical evaluation and treatment of detainees.	1	2	3	4	5
Perform clinical evaluation and treatment of Iraqi Security Force personnel.	1	2	3	4	5

2. On average, how many hours per week do you provide clinical care to Iraqi civilians, detainees, and Iraqi Security forces (ISF)?

0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6 6  
7 7 7  
8 8 8  
9 9 9

## F. Stigma and Barriers to Care

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

STRONGLY DISAGREE DISAGREE NEITHER AGREE NOR DISAGREE AGREE STRONGLY AGREE

Commanders welcome back Soldiers who have received COSC services from my team.	1	2	3	4	5
Commanders welcome back Soldiers who have been assessed for suicidal thoughts/behaviors and returned to duty.	1	2	3	4	5
Commanders welcome back Soldiers who have been assessed for homicidal thoughts/behaviors and returned to duty.	1	2	3	4	5
Commanders welcome back Soldiers who have received other BH services from my team.	1	2	3	4	5
The medical leadership doesn't support BH/COSC outreach.	1	2	3	4	5
The supported units' leadership doesn't support BH/COSC activities.	1	2	3	4	5
There is inadequate transportation to conduct outreach activities.	1	2	3	4	5
There is inadequate communication between BH/COSC and supported units.	1	2	3	4	5
Soldiers feel uncomfortable talking to BH/COSC personnel about their problems.	1	2	3	4	5
BH/COSC personnel are unfamiliar with supported unit's leadership and Soldiers.	1	2	3	4	5
Traveling to supported units is too dangerous.	1	2	3	4	5
Arranging travel to supported units is too difficult.	1	2	3	4	5
The inability to arrange travel has led to mission cancellations.	1	2	3	4	5
BH/COSC personnel don't like to perform outreach services.	1	2	3	4	5
BH/COSC personnel aren't trained to conduct outreach services.	1	2	3	4	5
BH/COSC personnel are not available due to performing non-BH/COSC missions.	1	2	3	4	5
BH/COSC personnel don't think preventive outreach activities are effective.	1	2	3	4	5
Commander's support BH provider recommendations for medevac out of theater.	1	2	3	4	5
Commanders respect patient confidentiality when it comes to mental health issues.	1	2	3	4	5
There are sufficient BH assests in theater to cover the mission across the Area of Responsibility (AOR).	1	2	3	4	5

## G. Soldier Needs

1. How often do you assess the BH/COSC needs of the units you support?

	Never	Seldom	Frequently	Always
Talk informally to the Soldiers	1	2	3	4
Conduct focus groups with Soldiers	1	2	3	4
Talk with the chaplains	1	2	3	4
Talk with the unit's commander	1	2	3	4
Talk with the unit's medical personnel	1	2	3	4
Use validated surveys/instruments	1	2	3	4
Use locally developed surveys/instruments	1	2	3	4
Develop a BH/COSC unit prevention and early intervention plan	1	2	3	4
Conduct Command Consultation	1	2	3	4

2. Who do you think is the most appropriate teacher of ethics on the battlefield?

- ☐ Chaplain's  
☐ Mental health personnel  
☐ Officers in unit  
☐ NCOs in unit  
☐ Other \_\_\_\_\_

3. Who should participate in the teaching of ethics on the battlefield?

Mark all that apply.

- ☐ Chaplain's  
☐ Mental health personnel  
☐ Officers in unit  
☐ NCOs in unit  
☐ Other \_\_\_\_\_

## H. Personal Well-being

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
My ability to do my behavioral health job is impaired by the stressors of deployment/combat.	1	2	3	4	5
My mental well-being has been adversely affected by the events I have witnessed on this deployment.	1	2	3	4	5
My spiritual well-being has been adversely affected by the events I have witnessed on this deployment.	1	2	3	4	5
Since this deployment, I have become less sensitive to the needs of the Soldiers I serve/support.	1	2	3	4	5
My ability to do my job is impaired by listening to the combat experiences of Soldiers I've talked with while performing my BH/COSC mission.	1	2	3	4	5

2. Please rate the following:

	Very Low	Low	Medium	High	Very High
Your personal morale	1	2	3	4	5
Your energy level	1	2	3	4	5
Your level of burnout	1	2	3	4	5
Your motivation	1	2	3	4	5

3. The following equipment/supplies would have improved my team's ability to complete our BH/COSC mission:

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**I. Psychiatric Medication (ONLY providers credentialed to prescribe medications)**

1. The procedures for ordering/replenishing psychiatric medications in this theater/Area of Operations are clear.

- ☐ Strongly Disagree  
☐ Disagree  
☐ Neither Agree nor Disagree  
☐ Agree  
☐ Strongly Agree

2. In general, there has been adequate availability of appropriate psychiatric medications in the area of operations.

- ☐ Yes  
☐ No

3. There has been adequate availability of appropriate psychiatric medication at these levels of care:

Level I (Battalion Aid Station)	<input type="radio"/> Yes	<input type="radio"/> No
Level II (Forward Support Medical Company)	<input type="radio"/> Yes	<input type="radio"/> No
Level III (Combat Support Hospital)	<input type="radio"/> Yes	<input type="radio"/> No

4. What medications were needed by Soldiers this deployment, but were not able to prescribe:

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5. Have you ever prescribed a medication that you felt uncomfortable prescribing?

- ☐ No  
☐ Yes, reason 

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6. Did you ever practice outside the scope of your privilege?

- ☐ No  
☐ Yes, reason 

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**THANK YOU FOR COMPLETING THIS SURVEY!**

Please provide any additional comments below and on the back of the survey, if needed.